B22C (Official Form 22C) (Chapter 13) (12/10)	According to the calculations required by this statement:
	▼ The applicable commitment period is 3 years.
In re: Rutledge-Soto, Kesha L	☐ The applicable commitment period is 5 years.
Debtor(s)	☐ Disposable income is determined under § 1325(b)(3).
Case Number: (If known)	✓ Disposable income is not determined under § 1325(b)(3).
, , ,	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REPO	ORT OF INCOME				
	a. [tal/filing status. Check the box that applies and columnarried. Complete only Column A ("Debto") Married. Complete both Column A ("Debtor")	or's Income") for Lines 2-10.				
1	the si mont	gures must reflect average monthly income received a calendar months prior to filing the bankruptcy can be before the filing. If the amount of monthly income divide the six-month total by six, and enter the res	ase, ending on the last day of the ne varied during the six months, you	D	olumn A Debtor's Income	Column I Spouse's Income	
2	Gros	s wages, salary, tips, bonuses, overtime, commis	ssions.	\$	2,314.00	\$ 2,760.	33
3	a and one b attacl	me from the operation of a business, profession, enter the difference in the appropriate column(s) business, profession or farm, enter aggregate numberment. Do not enter a number less than zero. Do noses entered on Line b as a deduction in Part IV	of Line 3. If you operate more than ers and provide details on an ot include any part of the business				
	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	c.	Business income	Subtract Line b from Line a	\$		\$	
4	diffe	and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do n nclude any part of the operating expenses enter IV.	ot enter a number less than zero. Do				
	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	c.	Rent and other real property income	Subtract Line b from Line a	\$		\$	
5	Inte	rest, dividends, and royalties.		\$		\$	
6	Pens	sion and retirement income.		\$		\$	
7	expe that by th	amounts paid by another person or entity, on a enses of the debtor or the debtor's dependents, in purpose. Do not include alimony or separate main the debtor's spouse. Each regular payment should be ment is listed in Column A, do not report that payment	including child support paid for ntenance payments or amounts paid be reported in only one column; if a	\$		\$	

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laimed to be a benefit under the ocial Security Act come from all other sources. Specificaces on a separate page. Total and exintenance payments paid by your separate maintenance. Do not include to repayments received as a victim or international or domestic terrorism. but total. Add Lines 2 thru 9 in Column rough 9 in Column B. Enter the total of the total of the total. If Column B has been completed denter the total. If Column B has no oblumn A.	nter on Line 9. Do not inc spouse, but include all ot ude any benefits received uf a war crime, crime agains an A, and, if Column B is c (s).	to Line 10	ist additional cony or separate ents of alimon Social Security y, or as a victim \$ \$ add Lines 2	У		\$	
separate page. Total and entitenance payments paid by your separate maintenance. Do not include to payments received as a victim of international or domestic terrorism. buttotal. Add Lines 2 thru 9 in Column rough 9 in Column B. Enter the total of the total denter the total. If Column B has been completed denter the total. If Column B has no plumn A.	nter on Line 9. Do not inc spouse, but include all ot ude any benefits received uf a war crime, crime agains an A, and, if Column B is c (s).	to Line 10	sony or separate ents of alimon Social Security y, or as a victim \$\$\$ add Lines 2	\$ \$		\$	
rough 9 in Column B. Enter the total otal. If Column B has been complete d enter the total. If Column B has no blumn A.	(s). d, add Line 10, Column A	to Line 10		\$			
d enter the total. If Column B has no blumn A.	d, add Line 10, Column A of been completed, enter the	to Line 10	Column B		2,314.00	\$	2,760.33
Part II CALCIII			From Line 10,	\$			5,074.33
Tart II. CALCOL	ATION OF § 1325(b)(4) COM	MITMENT P	ERIO	D		
nter the amount from Line 11.						\$	5,074.33
ersons other than the debtor or the de urpose. If necessary, list additional a	ount of the income listed in nses of you or your depend as payment of the spouse's abtor's dependents) and the	Line 10, 0 lents and s tax liabili amount o	pecify, in the lift ty or the spouse of income devot	vas NO nes belo e's supp ed to ea	ow, the part of ort of ach		
a.				\$			
b.				\$			
c.				\$			
Total and enter on Line 13.							0.00
						\$	5,074.33
2 and enter the result.						\$	60,891.96
Applicable median family income. In a nousehold size. (This information is a she bankruptcy court.)	Enter the median family inc available by family size at y	www.usdo	J.gov/ust/ or iro	m the c	cierk of		
				ısehold	size: 4	\$	81,522.00
The amount on Line 15 is less t	than the amount on Line	16. Check	the box for "Th	e appli	cable comn	nitme	nt period is
The amount on Line 15 is not b	ess than the amount on L	ine 16. Cl	neck the box for	"The a	pplicable c	omm	itment
er u de a b c T in h in A	rsons other than the debtor or the deprose. If necessary, list additional a justment do not apply, enter zero. a. Co. Total and enter on Line 13. Total and enter on Line 13. Total and enter the result. Policable median family income. Total and enter the result. Policable median family income. Total enter debtor's state of residence: The amount on Line 15 is less to a years" at the top of page 1 of the amount on Line 15 is not l	rsons other than the debtor or the debtor's dependents) and the rpose. If necessary, list additional adjustments on a separate p justment do not apply, enter zero. a. Co. Total and enter on Line 13. Subtract Line 13 from Line 12 and enter the result. Innualized current monthly income for § 1325(b)(4). Multip 2 and enter the result. Policable median family income. Enter the median family incousehold size. (This information is available by family size at me bankruptcy court.) Enter debtor's state of residence: New York Application of § 1325(b)(4). Check the applicable box and professional p	rsons other than the debtor or the debtor's dependents) and the amount of rpose. If necessary, list additional adjustments on a separate page. If the justment do not apply, enter zero. 1.	rsons other than the debtor or the debtor's dependents) and the amount of income devoterpose. If necessary, list additional adjustments on a separate page. If the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment do not apply, enter zero. In the conditions for eigustment and enter the result. In the conditions for eigustment and continue with this statement. In the amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount on Line 16. Check the box for "The amount on Line 16. Check the box for "The amount on Line 16. Check the box for "The amount on Line 16.	rsons other than the debtor or the debtor's dependents) and the amount of income devoted to expose. If necessary, list additional adjustments on a separate page. If the conditions for entering justment do not apply, enter zero. S	\$ Total and enter on Line 13. Indicated the continuation of \$ 1325(b)(4). Multiply the amount from Line 14 by the number 2 and enter the result. Inplicable median family income. Enter the median family income for the applicable state and cousehold size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter debtor's state of residence: New York b. Enter debtor's household size: 4 Inplication of \$ 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable comn 3 years" at the top of page 1 of this statement and continue with this statement.	rsons other than the debtor or the debtor's dependents) and the amount of income devoted to each rpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this justment do not apply, enter zero. S Total and enter on Line 13. S S S S Total and enter on Line 13 from Line 12 and enter the result. S Innualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 2 and enter the result. S S S S S S District Line 13 from Line 12 and enter the result. S S S S S S S S S S S S S

, O mmc	Jinciai	rorm 22C) (Chapter 13) (12/	10)						
18	Enter t	he amount from Line 11.						\$	5,074.33
19	total of expense Column than the necessa not app	l adjustment. If you are married any income listed in Line 10, the softhe debtor or the debtor's and B income (such as payment of the debtor or the debtor's dependency, list additional adjustments of the debtor's dependency, enter zero. Paycheck deductions	Column B that wadependents. Specified the spouse's taxe ents) and the amount of the spouse in the sp	ns NOT cify in t t liability ount of	paid on a regular basis for the lines below the basis for ty or the spouse's support income devoted to each p	or the hous for excludi t of person ourpose. If	sehold ng the s other		
	c.					\$			
		and enter on Line 19.						\$	732.33
20	····	nt monthly income for § 1325						\$	4,342.00
21	Annua 12 and	lized current monthly income enter the result.	e for § 1325(b)(3	6). Mult	iply the amount from Lin	e 20 by the	e number	\$	52,104.00
22	Applic	able median family income. E	Enter the amount	from L	ine 16.			\$	81,522.00
23	und Th	e amount on Line 21 is more der § 1325(b)(3)" at the top of e amount on Line 21 is not m termined under § 1325(b)(3)" a mplete Parts IV, V, or VI.	page 1 of this sta ore than the am t the top of page	tement ount o 1 of th	and complete the remaining Line 22. Check the box is statement and complete	ing parts o a for "Disp Part VII o	f this statem osable incomof this stater	ent. me is	not
		Part IV. CALCULAT	ION OF DEDI	UCTIO	ONS ALLOWED UNI	DER § 70	07(b)(2)		
		Subpart A: Deducti	ons under Stand	dards o	f the Internal Revenue	Service (I	RS)		
24A	miscell Expense from the	nal Standards: food, apparel a laneous. Enter in Line 24A the ses for the applicable number of the clerk of the bankruptcy cour tly be allowed as exemptions of dents whom you support.	"Total" amount of persons. (This i t.) The applicable	from II informa e numb	RS National Standards for tion is available at <u>www.</u> er of persons is the numb	r Allowabl usdoj.gov/ er that wou	<u>'ust/</u> or uld	\$	
24B	Out-of Out-of www.u person years of catego of any person person amour	Tal Standards: health care. E. Pocket Health Care for person asdoj.gov/ust/ or from the clerk is who are under 65 years of ago of age or older. (The applicable or y that would currently be allowed additional dependents whom you under 65, and enter the result is 65 and older, and enter the result, and enter the result in Line 2 ons under 65 years of age	as under 65 years as 65 years of age of the bankruptoe, and enter in Lie number of persowed as exemption ou support.) Multin Line c1. Multiesult in Line c2.	of age, e or old cy court ne b2 t ons in e as on you ltiply L tiply Li Add Lin	and in Line a2 the IRS Ner. (This information is avail.) Enter in Line b1 the applicable number of pach age category is the number federal income tax retaine a1 by Line b1 to obtaine a2 by Line b2 to obtain	lational St vailable at plicable no persons wh umber in the urn, plus to in a total an a total ar	andards for umber of no are 65 nat he number mount for nount for		
	b1.	Number of persons		b2.	Number of persons				
	c1.	Subtotal		c2.	Subtotal			\s	

25A	and U infor famil	Il Standards: housing and utilities; non-mortgage expenses. Enter usually standards; non-mortgage expenses for the applicable county a mation is available at www.usdoj.gov/ust/ or from the clerk of the bandy size consists of the number that would currently be allowed as exempted turn, plus the number of any additional dependents whom you support	nd family size. (This kruptcy court). The applicable options on your federal income	\$
25B	Loca the II infor famil tax ro the A	Il Standards: housing and utilities; mortgage/rent expense. Enter, RS Housing and Utilities Standards; mortgage/rent expense for your comation is available at www.usdoj.gov/ust/ or from the clerk of the bardly size consists of the number that would currently be allowed as exenteurn, plus the number of any additional dependents whom you support average Monthly Payments for any debts secured by your home, as stated that the result in Line 25B. Do not enter an amount less that the result in Line 25B.	in Line a below, the amount of ounty and family size (this kruptcy court) (The applicable aptions on your federal income t.); enter on Line b the total of ted in Line 47; subtract Line b	•
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	
	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$
26	Utili	25B does not accurately compute the allowance to which you are entit ties Standards, enter any additional amount to which you contend you rour contention in the space below:		
				\$
	an e	al Standards: transportation; vehicle operation/public transporta xpense allowance in this category regardless of whether you pay the e regardless of whether you use public transportation.		
		ck the number of vehicles for which you pay the operating expenses or enses are included as a contribution to your household expenses in Lin		
27A		☐ 1 ☐ 2 or more.		
	Tran Loc Stat	ou checked 0, enter on Line 27A the "Public Transportation" amount of asportation. If you checked 1 or 2 or more, enter on Line 27A the "Op al Standards: Transportation for the applicable number of vehicles in the istical Area or Census Region. (These amounts are available at www.unebankruptcy.court.)	erating Costs" amount from IRS he applicable Metropolitan	\$
27B	expe add Trai	al Standards: transportation; additional public transportation exenses for a vehicle and also use public transportation, and you contencitional deduction for your public transportation expenses, enter on Linnsportation" amount from IRS Local Standards: Transportation. (This w.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	I that you are entitled to an e 27B the "Public"	\$

· ·	VIII010	10, 10) (12, 10)		
	whicl	I Standards: transportation ownership/lease expense; Vehicle 1. Con you claim an ownership/lease expense. (You may not claim an ownetwo vehicles.)		
		2 or more.		
28	Trans	r, in Line a below, the "Ownership Costs" for "One Car" from the IRS sportation (available at www.usdoj.gov/ust/ or from the clerk of the batal of the Average Monthly Payments for any debts secured by Vehic act Line b from Line a and enter the result in Line 28. Do not enter a	ankruptcy court); enter in Line b le 1, as stated in Line 47;	
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
29	Enter Tran	Al Standards: transportation ownership/lease expense; Vehicle 2. Coked the "2 or more" Box in Line 28. Tr., in Line a below, the "Ownership Costs" for "One Car" from the IRS sportation (available at www.usdoj.gov/ust/ or from the clerk of the bastal of the Average Monthly Payments for any debts secured by Vehic act Line b from Line a and enter the result in Line 29. Do not enter a	Local Standards: ankruptcy court); enter in Line b ele 2, as stated in Line 47;	
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
30	fede	er Necessary Expenses: taxes. Enter the total average monthly expenral, state, and local taxes, other than real estate and sales taxes, such as, social-security taxes, and Medicare taxes. Do not include real estate	s income taxes, self-employment	\$
31	dedi	er Necessary Expenses: involuntary deductions for employment. Exections that are required for your employment, such as mandatory retiruniform costs. Do not include discretionary amounts, such as voluments.	rement contributions, union dues,	\$
32	for t	er Necessary Expenses: life insurance. Enter total average monthly part life insurance for yourself. Do not include premiums for insurable life or for any other form of insurance.	premiums that you actually pay nce on your dependents, for	\$
33	regu	ner Necessary Expenses: court-ordered payments. Enter the total manifered to pay pursuant to the order of a court or administrative agency, soments. Do not include payments on past due obligations included in	such as spousal or child support	\$
34	chil	d. Enter the total average monthly amount that you actually expend for obloyment and for education that is required for a physically or mentally om no public education providing similar services is available.	r education that is a condition of	\$
35	on o	ner Necessary Expenses: childcare. Enter the total average monthly a childcare—such as baby-sitting, day care, nursery and preschool. Do norments.	amount that you actually expend not include other educational	\$
36	exp reir	ner Necessary Expenses: health care. Enter the total average monthly and on health care that is required for the health and welfare of yourse and by insurance or paid by a health savings account, and that is in a 24B. Do not include payments for health insurance or health savings.	elf or your dependents, that is not nexcess of the amount entered in	\$
37	Otl you ser	her Necessary Expenses: telecommunication services. Enter the total actually pay for telecommunication services other than your basic howice—such as pagers, call waiting, caller id, special long distance, or it bessary for your health and welfare or that of your dependents. Do not ducted	al average monthly amount that me telephone and cell phone nternet service—to the extent	\$

38	Tota	l Expenses Allowed under IRS Standard	s. Enter the total of Lines 24 through 37.	\$
			nal Expense Deductions under § 707(b) y expenses that you have listed in Lines 24-37	
	expe		Health Savings Account Expenses. List the monthly low that are reasonably necessary for yourself, your	
	a.	Health Insurance	\$	
	b.	Disability Insurance	\$	
39	c.	Health Savings Account	\$	
	Tota	l and enter on Line 39		\$
		ou do not actually expend this total amou pace below:	nt, state your actual total average monthly expenditures in	
40	mon	thly expenses that you will continue to pay	hold or family members. Enter the total average actual for the reasonable and necessary care and support of an our household or member of your immediate family who is e payments listed in Line 34.	\$
41	you Serv	actually incur to maintain the safety of your	total average reasonably necessary monthly expenses that family under the Family Violence Prevention and the nature of these expenses is required to be kept	\$
42	Loca	al Standards for Housing and Utilities, that	nthly amount, in excess of the allowance specified by IRS you actually expend for home energy costs. You must n of your actual expenses, and you must demonstrate able and necessary.	\$
43	actu seco	ally incur, not to exceed \$147.92 per child, ondary school by your dependent children le	for attendance at a private or public elementary or ess than 18 years of age. You must provide your case expenses, and you must explain why the amount claimed accounted for in the IRS Standards.	\$
44	cloth Nati	hing expenses exceed the combined alloward ional Standards, not to exceed 5% of those of the standards.	the total average monthly amount by which your food and nees for food and clothing (apparel and services) in the IRS combined allowances. (This information is available at nkruptcy court.) You must demonstrate that the I necessary.	\$
45	char in 2	ritable contributions in the form of cash or f	casonably necessary for you to expend each month on financial instruments to a charitable organization as defined ny amount in excess of 15% of your gross monthly	\$
46			§ 707(b). Enter the total of Lines 39 through 45.	\$

			Subpart C:	Deductions for Deb	t Payment		
	you ov Payme the tot follow	e payments on secured cla vn, list the name of the cred ent, and check whether the p al of all amounts scheduled ing the filing of the bankrup Enter the total of the Average	itor, identify the ayment include as contractually of case, divide	e property securing the staxes or insurance. y due to each Secured ed by 60. If necessar	the Average Mor The Average Mor Creditor in the 60	the third that the second seco	
17		Name of Creditor	Property	Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.				\$	☐ yes ☐ no	
	b.				\$	☐ yes ☐ no	
	c.				\$	☐ yes ☐ no	
				Total: Add	l lines a, b and c.		\$
	you m credit cure a forecl	once, a motor vehicle, or oth nay include in your deduction or in addition to the payment amount would include any substance. List and total any substance page.	on 1/60th of any nts listed in Lin	y amount (the "cure a le 47, in order to mail that must be paid in c	mount") that you r ntain possession of order to avoid repo	the property. The ssession or ditional entries on a	
48		Name of Creditor		Property Securing the	ne Debt	1/60th of the Cure Amount	
	a.					\$	
	b.					\$	
	c.					\$	
					Total: A	dd lines a, b and c.	\$
49	such bank	nents on prepetition prior as priority tax, child suppor ruptcy filing. Do not include	rt and alimony de current obli	claims, for which you gations, such as tho	se set out in Line	33.	\$
	Cha the r	pter 13 administrative expensions administrative expensions.	oenses. Multipl ense.	y the amount in Line	a by the amount in	Line b, and enter	
	a.	Projected average monthl	y Chapter 13 p	lan payment.	\$		
50	b.	Current multiplier for you schedules issued by the E Trustees. (This information www.usdoj.gov/ust/ or frecourt.)	executive Office on is available a om the clerk of	e for United States at the bankruptcy	X		
	c.	Average monthly administrate	strative expense	e of Chapter 13	Total: Multiply I and b	Lines a	\$
51	Tots	al Deductions for Debt Paymo	ent. Enter the to	otal of Lines 47 throu	gh 50.		\$
	1.00): Total Deductions			

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11 EZ-Filing, Inc. 11-80
011 EZ-Filina, Inc. [1-8]
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3-2011 EZ-Filing, Inc. [1-8]
93-2011 EZ-Filing, Inc. [1-8]
1993-2011 EZ-Filing, Inc. [1-8]
993-2011 EZ-Filing, Inc. 11-80
1993-2011 EZ-Filing, Inc. [1-8]

		Part V. DETERMINATION OF DISPOSABLE INCOME UNDER	§ 1325(b)(2)	
53	Tota	current monthly income. Enter the amount from Line 20.		\$
54	disab	port income. Enter the monthly average of any child support payments, foster care parility payments for a dependent child, reported in Part I, that you received in accordant cable nonbankruptcy law, to the extent reasonably necessary to be expended for such	ce with	\$
55	from	ified retirement deductions. Enter the monthly total of (a) all amounts withheld by wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and ments of loans from retirement plans, as specified in § 362(b)(19).	your employer (b) all required	\$
56	Tota	of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	······································	\$
	for win lin total	nction for special circumstances. If there are special circumstances that justify additional thich there is no reasonable alternative, describe the special circumstances and the rese a-c below. If necessary, list additional entries on a separate page. Total the expense in Line 57. You must provide your case trustee with documentation of these expenses de a detailed explanation of the special circumstances that make such expenses neces mable.	ulting expenses es and enter the and you must	
57	Nature of special circumstances		Amount of expense	
	a.		\$	
	b.		\$	
	c.		\$	
		Total: Add I	Lines a, b, and c	\$
5.8	Tota enter	l adjustments to determine disposable income. Add the amounts on Lines 54, 55, 5 the result.	6, and 57 and	\$
59	Mon	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and ent	er the result.	\$
		Part VI. ADDITIONAL EXPENSE CLAIMS		
	and wincom	r Expenses. List and describe any monthly expenses, not otherwise stated in this form relfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses.	from your current	t monthly
		Expense Description	Monthly A	nount
0	a.		\$	
	b.		\$	
	c.		\$	
		Total: Add Lines a, b and	с \$	
		Part VII. VERIFICATION		
61	I decl	The state of the s	l correct. (If this a	joint case,
	***	(Debtor)		
	Date:	Signature: (Joint Debtor, if any		